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PAGES (WITH COVER)

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REFERENCE NO

10557/199332

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COMMENTS

Applicant(s): Brian W. McKinnon	Serial No.: 09/808,228
Title: Variable Geometry Rim Surface Acetabular Shell Liner	Filing Date: March 14, 2001
	Docket No. 10557/199332
1) Transmittal (1 p.);	Kristin M. Crall
2) Amendment and Response with	April 14, 2005
Petition for Extension of Time (40	shw
pp.); and	
3) Credit Card Payment Form (1 p.).	

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/808,228	
	Filing Date	March 14, 2001	
	First Named Inventor	Brian W. McKinnon	
	Art Unit	3738	
	Examiner Name	Barrett, Thomas C.	
Total Number of Pages in This Submission	42	Attorney Docket Number	10557/199332

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Credit Card Payment Form
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Kilpatrick Stockton LLP		
Signature	<i>Kristin Crall</i>		
Printed Name	Kristin M. Crall		
Date	April 14, 2005	Reg. No.	46,895

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Signature	<i>Sandee Whitley</i>		
Typed or printed name	Sandee Whitley	Date	April 14, 2005

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